Date Received: Scheduled Public Hearing Date:	Fee: Initials: Check or Receipt No
APPLICATION FOR FINAL PLAT CITY OF GAHANNA PLANNING COMMISSION	
Name of Final Plat::Applicant's Name:*Address:	
Company:	Pnone:
Fax: Land Owner Option Holder	Cont. Purchaser Agent
Total Acreage: Proposed Number of Lots:  Developer:  Contact:	Current Zoning: Phone:
Address:  Landowner: Address:	Phone:
Applicant's Signature	Date
Submission Requireme	ents
<ol> <li>A plat that complies with the list of Final Plat requirements</li> <li>10 copies of plat <u>folded</u> (not rolled) to 81/2 X 11 inch size p</li> <li>Application Fee (\$200 for first 50 acres, \$4 for each additio</li> <li>A Street Tree Plan in accordance with Section 913.13 for L</li> <li>Reduced drawing to 8/12 x 11inch size suitable for showing</li> </ol>	rior to submission. nal acre). andscape Commission Approval.
In accordance with Section 1105 of the Codified Ordinances of Ga as stated above, has been recommended for approval by the A copy of the minutes are hereby attached. Council for Final Approval.	City of Gahanna Planning Commission on
Zoning Administrator	Date
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\*Note: All correspondence will be to applicant above unless otherwise stated.

Revised May 2003